It is an apparently clear demonstration of the limitations of current imaging technology in distinguishing mesoblastic nephroma from Wilms’ tumor in the neonatal kidney. This makes sense in view of the extraordinary histological diversity of Wilms’ tumor, ranging from monomorphous stromal, epithelial, or blastemal variants to various admixtures of any two or all three elements. Similarly, mesoblastic nephroma ranges histologically from a fibromatosis-like (or myoma-like) lesion of low cell density with low to moderate proliferative rates, whorling or fascicular patterns, and irregularly radiating borders, to densely cellular, actively proliferating, more clearly demarcated masses that can approach the appearances of blastemal Wilms’ tumor.

My take on the significance of this case is that it argues against doing a lot of fancy and expensive imaging studies on a neonatal solid renal tumor, since they should all come out as soon as possible anyway (unless one is dealing with bilateral tumors, tumor in a solitary kidney, etc.). Another consideration here is rhabdoid tumor, which also can occur in the perinatal kidney and certainly is not one you want to play around with before attempting removal.

Imaging not only adds to the cost of managing these babies, but potentially increases their exposure to radiation or other physical hazards, plus the risks of complication inherent in all clinical procedures. It will also delay surgery in some situations.

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Introduction

We report the appearance a solid renal mass on prenatal ultrasonography and postnatal MRI which was interpreted as most likely a congenital mesoblastic nephroma but proved to be a neonatal Wilms’ tumor.

Case report

A male, full-term neonate presented with a palpable right abdominal mass. He was otherwise healthy with unremarkable laboratory studies. A prenatal ultrasound at 36 weeks gestation had shown a right renal mass without polyhydramnios or other findings. He underwent MRI of the abdomen prior to resection of this mass (Figs. 1a & b). The MRI showed a large, solid right renal mass and a 1-cm right hilar lymph node. No nephrogenic rests were identified in either kidney. A chest CT scan was normal. Preoperatively, the differential diagnosis was congenital mesoblastic nephroma versus...